CLAIMS ONLY

Application Number	Filing Date
10/697371	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*			*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend		Indep	Depend	
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5	1						55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14	1						64								
15		1					65								
16		1					66								
17		1					67								
18		1					68								
19		1					69								
20	1						70								
21		1					71								
22		1					72								
23		1					73								
24		1					74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
Total Indep	3						Total Indep								
Total Depend	15						Total Depend								
Total Claims	18						Total Claims								